Division of Children and Family Services CFS-2004 (Rev. 04/2000)

TEFAP COMMODITY LOSS REPORT

Use of form: This form is used by the EFO which must report all losses of TEFAP commodities to the Division of Children and Family Services for compliance with the State/Agency Agreement.

Instructions: All losses of TEFAP commodities with a value of <u>over \$100</u>, must be reported immediately to the Division within fifteen days of the occurrence or discovery on the Inventory of TEFAP Commodities (CFS-2003) and TEFAP Commodity Loss Report (CFS-2004). All loss of TEFAP commodities having a <u>value less than \$100</u>, must be reported to the Division by the 15th of the month following the loss. These losses must be reported on the Inventory of TEFAP Commodities Pantry, Soup Kitchen, and Shelter Report (CFS-2002) and/or the Inventory of TEFAP Commodities (CFS-2003). Commodities cannot be disposed of without prior written authorization from DHFS. It is important that all applicable questions are answered each time a report is filed. Provide any additional relevant details as an attachment to completed form. Make one copy of complete form for your files. The original must be mailed to the address below:

Wisconsin Department of Health and Family Services Division of Children and Family Services Hunger Prevention Unit 1 West Wilson Street, Room 531 Madison, WI 53703

Name - EFO			Agreement Number			
Address - EFO (Street/City/State/Zip Code)						
Name - Contract Person	Title		Telephone Number			
TEFAP Commodity Disposition - check one Theft Spoiled Theft by F Date - Loss and/or Damage Occurred or was Discove	red Time of Loss - Ap	Other (specify): oproximate A.M. or P.M.				
Has Your Agency Experiences a Prior/Similar Loss? Yes No	Claim Report Filed?	Date - Claim Rep	oort Filed			
Loss/Damage Occurred at - check one Pantry Soup Kitchen Shelter Agency Storage Site Commercial Locker Plant/Warehouse (other than DPI warehouse)						
Address - Loss/Damage Location (Street/City/Zip Code) Do not list address of commercial locker plant/warehouse						
If commodities were stolen, complete the following. Are the following storage areas locked? Freezers - Yes No Refrigerators - Yes No No No No No No No No No N						
Method(s) used by provider agency to resolve occurred Requested the individual(s) to pay the full Resolved by local law enforcement investigations.	market value of the fraudulently	obtained commodities.				
Name - Law Enforcement Agency		Name - Investigating Office	eer			

DEPARTMENT OF HEALTH AND FAMILY SERVICESDivision of Children and Family Services
CFS-2004 (Rev. 04/2000)

Address - Law Enforcement Agency (Street/City/Zip Code)					Te	Telephone Number	
If commodities were spoiled, complete	the following						
Were commodities spoiled u	ipon receipt?	Yes \square N	0				
How often are the temperate	ures in the storage	area checke	ed?				
Freezer(s)							
Freezer temperature at time spoilage was discovered:							
Refrigerator(s) ☐ Daily ☐ Weekly ☐ Other (specify)							
Refrigerator temperature at time spoilage was discovered:							
Dry Storage ☐ Daily ☐ Weekly ☐ Other (specify)							
Dry Storage tempe	•	-					
Name - Person Responsible for Moni	toring Storage Are	a Temperati	ure Tit	e		Telephone Number	
Do the refrigerators/freezers have a v	warning device in c	ase of a mal	Ifunction?			_	
☐ Yes ☐ No							
Does your agency use any kind of procontrol service?	ofessional pest	How often is	·=				
□ Yes □ No		□ We	-	☐ Monthly			
Name - Pest control service	□ Other (specify).					Telephone Number	
Name - 1 est control service						relephone Number	
Are shelves or pallets used to keep c	ommodities off the	floor?	Are dry s	storage areas well vent	ilated?		
☐ Yes ☐ No				☐ Yes ☐ No			
Does your agency have insurance to	cover this type of I	oss?		aim been filed with the i	nsurance cor	mpany?	
Yes No	ata tha fallausina		L	☐ Yes ☐ No			
If commodities were damaged, comple	ete the following.						
Were commodities damaged				☐ Yes ☐ No			
Was the damage noted on the	· · · · · · · · · · · · · · · · · · ·	=	=	☐ Yes ☐ No			
Were the commodities dama	•	•	sion?	☐ Yes ☐ No			
Does the EFO have insurance to cover this type of loss? ☐ Yes ☐ No Has a claim been filed with the insurance company? ☐ Yes ☐ No							
Prior authorization from the Departme			ommoditie		agreement		
·	•	-			agroomona		
Was the Department of Health and Family Services notified? ☐ Yes ☐ No							
Process used to dispose of TEFAP commodities Burning							
☐ Sanitary landfill (attach copy of certification of disposal from landfill)							
☐ Sold as animal food (attach copy of bill of sale)							
Other (specify):							
List commodities stolen, spoiled, dam	aged or obtained f						
Commodity	Pack	Quantit	ty Lost	Pack Code No.	Pack Date	e Date Received	

CFS-2004 (Rev. 04/2000)		
Provide full description of loss (Attach separate sheet(s) if necessary)		
SIGNATURE - Authorized EFO Representative	Telephone Number	Date Signed
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